

## NEEDS ASSESSMENT SURVEY FINDINGS FORM

<b>Planning Area: North/Northeast Texas</b>	<b>HMAZ/LMAZ Area: Rural North</b>
<b>BDTP: IDU Men</b>	<b>SUBPOPULATION: Anglo/White (1,12)</b>

	# of surveys completed: 10	
	Information from needs assessment surveys	Assessment
<b>Risk Behaviors</b> (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> <li>30% reported more than 3 partners in the past year.</li> <li>17% reported they were unsure whether at least one of their sex partners in the past year now had HIV.</li> <li>17% reported they were unsure whether at least one of their sex partners in the past year had an STD.</li> <li>60% revealed that if they tested HIV positive, they would know who they got it from. 56% reported that if they tested positive for an STD, they would know who they got it from.</li> <li>10% say they had been treated for an STD in the past year.</li> <li>40% reported engaging in anal sex.</li> <li>Of those engaging in anal sex, 13% reported never using a condom.</li> <li>11% sometimes use a condom for oral sex.</li> <li>40% never use a condom for vaginal sex.</li> <li>The four locations where this Anglo/White IDU Men engaged in anal sex are (in order): someone else's home [70%], cars/vehicles [50%], at home [40%]<sup>1</sup>, hotels/motels [40%].</li> <li>The top six things Anglo/White IDU Men said they do to keep from getting HIV are (in order): don't inject drugs [40%], sometimes use condoms [30%], have one sex partner [30%], don't share IDU equipment [30%]. Survey respondents indicated the same pattern for protection against STDs.</li> </ul>	<ul style="list-style-type: none"> <li>High proportion of the population reported they have engaged in sex with multiple partners.</li> <li>There is a low prevalence of HIV and STDs in the population based on the morbidity profile for this population.</li> <li>A large proportion indicated they knew who gave them HIV or an STD if they tested positive for HIV or diagnosed with an STD.</li> <li>Reported condom use, particularly with oral sex is much lower than observed in other populations.</li> <li>While public locations were indicated as places where Anglo/White IDU Men indicated they engaged in sex, a higher proportion indicated these activities occur in more private locations. This should be taken into account when trying to reach this population.</li> </ul>

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\*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

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<b>*Knowledge</b> (9,11)	<p>Among Anglo/White IDU Men:</p> <ul style="list-style-type: none"> <li>• 90% indicated that anal sex without a condom may increase a person's chance of getting HIV, 70% for getting STDs other than HIV.</li> <li>• 80% indicated that oral or vaginal sex without a condom may increase a person's chance of getting HIV, 70% and 80%, respectively, for getting STDs other than HIV.</li> <li>• 90% indicated that sex-trade work may increase a person's chance of getting HIV, 70% for getting STDs other than HIV.</li> <li>• 90% indicated that unprotected sex under the influence may increase a person's chance of getting HIV, 70% for getting STDs other than HIV.</li> <li>• 100% indicated sex with more than one partner may increase a person's chance of getting HIV, 60% for getting STDs other than HIV.</li> <li>• 100% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 60% for getting STDs other than HIV.</li> <li>• 80% indicated that having sex with men may increase a person's chance of getting HIV, 60% for getting STDs other than HIV.</li> <li>• 100% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV, 60% for getting STDs other than HIV.</li> <li>• 90% indicated that blood transfusions may increase a person's chance of getting HIV, 30% for getting STDs other than HIV.</li> <li>• 90% indicated that needle sticks may increase a person's chance of getting HIV, 20% for getting STDs other than HIV.</li> <li>• 90% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV, 60% for getting STDs other than HIV.</li> </ul>	<ul style="list-style-type: none"> <li>• Over four-fifths of the population showed good knowledge of HIV transmission routes. Blood transfusions and needle stick transmissions were the modes with the least knowledge about. While some members of the sub-population need better knowledge skills, generally, this community shows good knowledge of HIV and STD transmission routes, given these risks.</li> </ul>
<b>*Attitudes &amp; beliefs</b> (10,32,34)	<ul style="list-style-type: none"> <li>• On average, Anglo/White IDU Men indicated they agreed or strongly agreed that a person should tell their sex partner(s) if they have HIV when not using condoms.</li> <li>• On average, Anglo/White IDU Men indicated they agreed or strongly agreed that a person should tell their sex partner(s) if they have HIV when using condoms.</li> </ul>	<ul style="list-style-type: none"> <li>• Most respondents in the survey indicated a strong motivation to discuss HIV and STD risks if they are infected.</li> </ul>

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	<ul style="list-style-type: none"> <li>On average, Anglo/White IDU Men indicated they agreed or strongly agreed that a person should tell their sex partner(s) if they have an STD other than HIV when not using condoms.</li> <li>On average, Anglo/White IDU Men indicated they agreed or strongly agreed that a person should tell their sex partner(s) if they have an STD other than HIV when using condoms.</li> <li>The top three reasons Anglo/White IDU Men indicated they had sex without a condom are (in order): dislike of condoms [60%], trust partner [40%], drunk or high [20%].</li> <li>56% indicated they were not likely to get HIV, and 60% indicated they were not likely to get an STD.</li> </ul>	<ul style="list-style-type: none"> <li>Primary barriers to condom use were trust in partner, being under the influence, partner's refusal to use condoms, and monogamy.</li> <li>Considering the high morbidity rates in this community, the personal perception of risk is average.</li> </ul>
<b>*Current communication skills</b>	<ul style="list-style-type: none"> <li>43% of Anglo/White IDU Men who responded indicated they have talked about getting HIV with some of their partners.</li> <li>40% of the Anglo/White IDU Men who responded indicated they have talked about getting an STD other than HIV with at-least some of their partners.</li> </ul>	<ul style="list-style-type: none"> <li>As most of the Anglo/White IDU Men indicated they should discuss if they had an STD or HIV with their partner, about 40% of this population has discussed the possibility of this risk with their partners.</li> </ul>
<b>*Social/peer support (17)</b>	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/White IDU Men indicated they would tell:</p> <ul style="list-style-type: none"> <li>Their family; 57% for HIV, 43% for HIV and STD.</li> <li>Their current partner(s); 14% for HIV, 14% for STD.</li> <li>Their past partner(s); 25% for HIV, 75% for HIV and STD.</li> <li>Their friends; 50% for HIV, 50% for HIV and an STD.</li> </ul>	<ul style="list-style-type: none"> <li>A significant portion of the population reported they would be not be comfortable telling family, friends and partners if they contracted HIV. The proportion indicating the same reluctance to discussion about an STD infection was significantly lower.</li> </ul>
<b>Testing history/need for testing (18-23)</b>	<ul style="list-style-type: none"> <li>90% of survey respondents indicated they have tested for HIV in the past year.</li> <li>Of those who were tested, they tested an average of 1.8 times a year.</li> <li>The top two reasons Anglo/White IDU Men indicated they tested were (in order): sex without a condom [50%]<sup>1</sup>, part of routine care [40%].</li> <li>None of the respondents indicated they have tested positive for HIV.</li> <li>50% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of once per year.</li> </ul>	<ul style="list-style-type: none"> <li>Testing proportions in this population are high, both in terms of the proportion tested, and the frequency of test, especially with the majority of the population having one to three partners in that time period.</li> <li>A large proportion of respondents indicated a potential failure of prevention activities, but a large</li> </ul>

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	<ul style="list-style-type: none"> <li>50% of Anglo/White IDU Men who have tested for an STD in the past year indicated they have tested positive for an STD. 10% of respondents indicated they have been treated for an STD in the past 12 months.</li> <li>40% of respondents indicated they have not been tested because they think they are not at risk for getting STDs.</li> <li>20% of respondents indicated they have tested for Hepatitis A in the past year, 40% for Hepatitis C, 30% for Hepatitis B, and 50% tested for Tuberculosis.</li> </ul>	<p>proportion also indicated a preventive behavior, part of routine care.</p> <ul style="list-style-type: none"> <li>Few respondents indicated any barriers as to why they were not tested.</li> <li>High self-identified positivity rate. This may be an artifact of the sampling strategy, but current morbidity estimates indicate nearly 10% of the population has a known HIV or AIDS diagnosis.</li> <li>A high proportion of the respondents indicated they felt the need to be tested for an STD in the past year. The frequency of testing (once a year for those who tested) is similar to the average number of partners reported.</li> <li>Less than a quarter of this sub-population indicate they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers.</li> </ul>
<b>Prevention services currently accessed</b> (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	<ul style="list-style-type: none"> <li>The top two location Anglo/White IDU Men go for an HIV test are (in order): Public STD clinic [30%]<sup>1</sup>, other public clinic [20%].</li> <li>The primary location Anglo/White IDU Men go for an STD examination are (in order): public STD clinic [20%]<sup>1</sup>.</li> <li>30% of respondents indicated barriers in their community to seeking prevention services. The primary barrier was living in a small town or community [30%]<sup>1</sup>.</li> <li>The top five locations where Anglo/White IDU Men have gotten HIV and STD information are (in order): public health clinics [60%], local HIV/AIDS organization [50%], community counseling and testing centers [40%], treatment center [30%], other health clinics [30%].</li> </ul>	<ul style="list-style-type: none"> <li>The primary source for HIV testing and STD diagnosis and treatment are through public clinics.</li> <li>Residing in a small town was cited as the main barrier to access services.</li> <li>In contrast to testing and diagnosis services, prevention information and helpful information was primarily obtained from community-based organizations and public health care providers.</li> </ul>

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	<ul style="list-style-type: none"> <li>The primary location where Anglo/White IDU Men have gotten information on HIV and STDs that has helped them is public health clinics [30%].</li> </ul>	
<b>Prevention needs</b> (35-39)	<ul style="list-style-type: none"> <li>For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic information on HIV/STDs [60%], how to talk to partners about using condoms [60%], how to have safe sex [40%], drug abuse counseling and treatment [30%].</li> <li>Primary locations where Anglo/White IDU Men indicated they would get information on HIV and STDs in the future are (in order): health fairs [50%], treatment centers [50%], library [50%], internet [50%], local HIV/AIDS organizations [50%], telephone hotlines [50%], public health clinics [50%], other health clinics [50%].</li> <li>Primary locations where Anglo/White IDU Men indicated they would NEVER get information on HIV in the future are (in order): bars [60%]<sup>1</sup>, church [50%], bath houses [50%], work [40%], newspaper [40%], family and friends [40%].</li> <li>Primary locations where Anglo/White IDU Men indicated they would NEVER get information on STDs in the future are (in order): bars [60%]<sup>1</sup>, church [40%], bath houses [50%], work [40%], newspaper [40%], family and friends [40%].</li> </ul>	<ul style="list-style-type: none"> <li>Basic HIV and STD information lead the activities wanted by Anglo/White IDU Men, followed by communication skills, how to have safe sex, and drug abuse counseling and treatment.</li> <li>The primary locations where Anglo/White IDU Men indicated they would go to get HIV and STD information are health fairs, treatment centers, the library, the internet, local HIV/AIDS organizations, telephone hotlines, community-based programs, and health care providers.</li> <li>The locations where Anglo/White IDU Men would never seek HIV or STD prevention messages are bars, church, bath houses, work, newspaper, family and friends.</li> </ul>

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<b>Specific Information about HIV<sup>+</sup> from HIV<sup>+</sup> risk profiles</b>	<ul style="list-style-type: none"> <li>Statewide, 52% of IDU Men Anglo/White HIV positive individuals indicated they never used a condom for anal sex, 50% for vaginal sex, and 68% for oral sex.</li> <li>Over 20% indicated an STD diagnosis in the past year.</li> <li>Over 50% indicated more than 1 sex partners in the past year.</li> <li>17% indicated some sex trade work in the past year.</li> <li>87% indicated substance use with sex in the past year.</li> <li>Almost three-fourths indicated their partners were at risk, and nearly 45% indicated their partners had multiple partners.</li> <li>The top drugs used during sex were: cocaine [62%]<sup>1</sup>, alcohol [59%] and marijuana [43%].</li> </ul> <p>In the Rural North, all IDU Men indicated:</p> <ul style="list-style-type: none"> <li>There was no mention of never using a condom for anal sex.</li> <li>None indicated an STD diagnosis in the past year.</li> <li>13% indicated they had more than 1 partner in the past year.</li> <li>A quarter indicated sex trade in the past year.</li> <li>All indicated substance use with sex in the past year.</li> <li>15% indicated their partner was at risk, and a quarter indicated their partners had multiple partners.</li> <li>The top drugs used during sex were: alcohol [50%]<sup>1</sup>, marijuana [38%] and cocaine [25%].</li> </ul>	<ul style="list-style-type: none"> <li>The proportion of Anglo/White IDU Men positives reporting never using a condom for anal sex is four times that reported for Anglo/White IDU Men by the needs assessment. Condom use for vaginal sex is less frequent with positives than negative Anglo/White IDU Men. For oral sex, condom use is six times less likely than with Anglo/White IDU men.</li> <li>The proportion of HIV positives with a recent STD diagnosis is significantly high, particularly considering the high proportion (50%) with multiple sex partners.</li> <li>About three-fourths of HIV positives indicated their sex partner was at risk.</li> <li>The drugs of choice for HIV positives are alcohol, marijuana and cocaine.</li> </ul>
<b>Other</b>		

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